

SEP 15 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30398

1. PLACE OF DEATH

County Pike Registration District No. 689
Township 1 Primary Registration District No. 3033
City Louisiana (No. Daugherty, Pike)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Daugherty, Pike Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo H Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/10-45</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>6</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>		
MOTHER	13. NAME <u>John Lane</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(?)</u>	
	15. MAIDEN NAME <u>Ruth Hobbs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>	
17. INFORMANT (ADDRESS) <u>Kerry Roberts, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Creinsaw</u> DATE <u>8/10 34</u>		
19. UNDERTAKER (ADDRESS) <u>Daugherty, Mo</u>		
20. FILED <u>8/8</u> <u>34</u> <u>Daugherty</u> Registrar.		

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8 1934

22. I HEREBY CERTIFY, That I attended deceased from
About June, 1934, to August 1, 1934
I last saw him alive on Aug 1, 1934 Death is said
to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:
Phlebotomy June 1934
Fracture of foot Aug 13, 1934
Other contributing causes of importance:
Emphysema
Collage

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Charles P. Levelle, M. D.
(Address) Louisiana Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

